

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>7/25/05</u>		2 Serial/Patent # <u>09/834,769</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 30%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Petition</td><td></td><td><u>6/25/05</u></td><td>\$ <u>270</u></td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$	<input checked="" type="checkbox"/>	Petition		<u>6/25/05</u>	\$ <u>270</u>		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>270</u></div>		
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 9 50--0895 </div> </div>																																													
	Overpayment																																																				
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11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>WAN LAYMAN</u>		TITLE: <u>pet. exam</u>																																																			
SIGNATURE: <u>Wan Layman</u>		PHONE: _____																																																			
OFFICE: _____																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: <u>[Signature]</u>		DATE: <u>7/26/05</u>																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: